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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

**Attorney Docket Number** GKNK 1266 PCT

**First Named Inventor** HEIKO KOSSACK, ET AL.

**COMPLETE IF KNOWN**

**Application Number** / **APPLIED FOR**

**Filing Date** HEREWITH

**Group Art Unit**

**Examiner Name**

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LONGITUDINAL PLUNGING UNIT PERMITTING AXIAL POSITIONING OF THE CAGE

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/EP 2004/012312	Germany	10/29/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		027256		OR <input checked="" type="checkbox"/>		Correspondence address below																										
ROBERT P. RENKE ARTZ & ARTZ, P.C. <b>Name</b>																																		
28333 TELEGRAPH ROAD SUITE 250 <b>Address</b>																																		
SOUTHFIELD <b>City</b>					MI <b>State</b>		48034 <b>ZIP</b>																											
U.S.A. <b>Country</b>				248-223-9500 <b>Telephone</b>			248-223-9522 <b>Fax</b>																											
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.																																		
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor																														
Given Name (first and middle [if any])					HEIKO					Family Name or Surname					KOSSACK																			
Inventor's Signature										Date																								
Residence: City					KÖLN					State					GERMANY Country					GERMAN Citizenship														
FROHNHOFSTRASSE 24 Mailing Address																																		
City					KÖLN					State					ZIP					D-50827					Country					GERMANY				
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor																														
Given Name (first and middle [if any])					ARNE					Family Name or Surname					BERGER																			
Inventor's Signature										Date																								
Residence: City					MUCH					State					GERMANY Country					GERMANY Citizenship														
ROSSHOHN 3 Mailing Address																																		
City					MUCH					State					ZIP					D-53804					Country					GERMANY				
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>2</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.																																		

**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 3 of 4

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
OLAF		WOLF	
Inventor's Signature		Date	
SIEGBURG Residence: City	State	GERMANY Country	GERMAN Citizenship
WOLSDORFER STRASSE 133			
Mailing Address			
SIEGBURG City	State	D-53721 Zip	GERMANY Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
STEPHAN		MAUCHER	
Inventor's Signature		Date	
SIEGBURG Residence: City	State	GERMANY Country	GERMAN Citizenship
SCHARNHORSTSTRASSE 6			
Mailing Address			
SIEGBURG City	State	D-53721 Zip	GERMANY Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
THOMAS		WECKERLING	
Inventor's Signature		Date	
LOHMAR Residence: City	State	GERMANY Country	GERMAN Citizenship
HÜTTENWEG 13			
Mailing Address			
LOHMAR City	State	D-53797 Zip	GERMANY Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 4 of 4

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
MARTIN		GARZORZ	
Inventor's Signature		Date	
ERLEENEE Residence: City	State	GERMANY Country	GERMAN Citizenship
RÜDIGHEIMER WEG 23			
Mailing Address			
ERLEENEE City	State	D-63526 Zip	GERMANY Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
CHRISTIAN		KRÄMER	
Inventor's Signature		Date	
HATTERSHEIM Residence: City	State	GERMANY Country	GERMAN Citizenship
NEUSTRASSE 1			
Mailing Address			
HATTERSHEIM City	State	D-65795 Zip	GERMANY Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Application Number</b>	APPLIED FOR
<b>Filing Date</b>	HEREWITH
<b>First Named Inventor</b>	HEIKO KOSSACK, ET AL.
<b>Title</b>	LONGITUDINAL PLUNGING UNIT PERMITTING AXIAL POSITIONING OF THE CAGE
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	GKNG 1266 PCT

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

027256

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
City	State	Zip		
Country				
Telephone	Fax			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	HEIKO KOSSACK	Date	
Name		Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 7 forms are submitted.

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City

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Fax

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Signature	ARNE BERGER	Date	
Name		Telephone	
Title and Company			

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City

State

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Fax

I am the:

☒ Applicant/Inventor.☐

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	OLAF WOLF	Date	
Name		Telephone	
Title and Company			

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Application Number	APPLIED FOR
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First Named Inventor	HEIKO KOSSACK, ET AL.
Title	LONGITUDINAL PLUNGING UNIT PERMITTING AXIAL POSITIONING OF THE CAGE
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Attorney Docket Number	GKNG 1266 PCT

I hereby revoke all previous powers of attorney given in the above-identified application.

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<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature	STEPHAN MAUCHER	Date	
Name		Telephone	
Title and Company			

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Attorney Docket Number	GKNG 1266 PCT

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OR

☐ The address associated with Customer Number:

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	THOMAS WECKERLING	Date	
Name		Telephone	
Title and Company			

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Signature	MARTIN GARZORZ	Date	
Name		Telephone	
Title and Company			

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Art Unit	
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<input type="checkbox"/> Firm or Individual Name			
Address			
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Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature	CHRISTIAN KRÄMER	Date	
Name		Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 7 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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